

KANSAS CITY MISSOURI POLICE DEPARTMENT
EXTRA PATROL REQUEST

Date: _____ Duration of Request: _____

Division: _____ District: _____

Watch Affected: ☐ Watch I ☐ Watch II ☐ Watch III

Location Requested to Patrol: _____

☐ Residential ☐ Business

Pets at Location: ☐ Yes ☐ No If yes, kind: _____

Alarm: ☐ Yes ☐ No If yes, Company: _____

Vehicle at Location: ☐ Yes ☐ No If yes, Year: _____ Make: _____ Model: _____

Color: _____ License Plate: _____

Emergency Contact:

Name: _____ Phone #: _____

Requestor's Information: *(If different from above.)*

Name: _____ Phone #: _____

Address: *(If different from above.)* _____

Reason for Request: _____

Contact requestor for follow up at the end of the requested duration? ☐ Yes ☐ No

ACTIVITY		
Date	Time	Action

[illegible]